PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

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(Column 1) (Column 2)						SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			24				1	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA	EXTRA BASIC		385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	24 minus 20= *		. 4			XS 9=		OR	X\$18=	72
_	DEPENDENT C		4 minus 3 = 1					X43=		OR	X86=	-26
MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2						٠	TOTAL		OR	TOTAL	928	
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
	 	(Column 1) (Column 2) (Col				(Column 3)	nn 3) SIVIALL	SMALE	· · · · · · · · · · · · · · · · · · ·		SINALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	····	=		·X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	<u></u>		=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
							_ _	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
		CLAIMS		HIGH	ST	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Г	Ī	ADDI-	ſ		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	** .	-	=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	<u> </u>	=	Γ	X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM			4.45			000	
							L	+145= TOTAL		OR	+290= TOTAL	•
							A	DDIT. FEE		OR ,	DDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	##		=		X\$ 9=		OR	X\$18=	
√ME	Independent		Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+			- 1			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
**	the "Highest Nur	mber Previously Pa	id For IN THIS	SPACE is	less than	20, enter "20."	ΑĽ	TOTAL DIT. FEE		OR ,	TOTAL DDIT. FEE	
		mber Previously Pa ber Previously Paid							ropriate box			